

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581295

FILING DATE

03 FEB 2007

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/		51				
2	/		/		52				
3	/		/		53				
4	/		/		54				
5	/		/		55				
6	3		/		56				
7	3		/		57				
8	3		/		58				
9	0		/		59				
10	/		/		60				
11	/		/		61				
12	/		/		62				
13	3		/		63				
14	0		/		64				
15	0		/		65				
16	0		/		66				
17	/		/		67				
18	0		/		68				
19	0		/		69				
20	0		/		70				
21	0		/		71				
22	0		/		72				
23	0		/		73				
24	0		/		74				
25	/		/		75				
26	/		/		76				
27			/		77				
28			/		78				
29			/		79				
30			/		80				
31			/		81				
32			/		82				
33			/		83				
34			/		84				
35			/		85				
36			/		86				
37			/		87				
38			/		88				
39			/		89				
40			/		90				
41			/		91				
42			/		92				
43			/		93				
44			/		94				
45			/		95				
46			/		96				
47			/		97				
48			/		98				
49			/		99				
50			/		100				
TOTAL IND.	9		8						
TOTAL DEP.	26	↓	27	↓					
TOTAL CLAIMS	35	←	35	←					